	lader the Process	nds Reduction Act o	(1995, po. per	n of britisen erg eso	U. S. Peter	A sad Tred on of infor	prompt (in use the flow, U.S. aless it dis	DE A	ralld OMB p	BAGE (01-00 AB OSSI-AGI COMMERC BAILL DERNE
		PPLICATION		Application or Docket Number 09936726							
CLAIMS AS FILED - PART ((Cohena I) (Cohena I)							SMALL ENTITY OR SMALL ENTITY				
FOR			NUMBER FILED		NUMBER EXTRA		JE	FEE		RATE	FEE
BASIC FEE (1) OFB 1.M(si)		J-07/2						430	OR		5
TOTAL CLAIMS		4	4/ minus 20 =		. 2/		- /	189,-	OR	x3 =	
INDEPENDENT CLAIMS 01 CFR 1.1400		ins 2	2 11/11/10		. 0		•		OR	x=	
		DENT CLAIM PRE	LAIM PRESENT 07 CFR 1,14(4)			<u>+</u>	- /	35,-	OR	+=	
If the difference in solumn 1 is less than zero, enter "O" in enhant 1						TOT	AL		OR	TOTAL	
The Comment (Column 1) (Column 2) (Column 3)						SMA	LL EN	TITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA		addl Ional Fee		RATE	ADDI- TIONAL FEE
	Total	• 41	Minus	** 41	- 0	× 3_		1 0	OR	z \$ =	
	tadependent or era Linea	2	Minus	*** 2	-0	х_	_=	0	OR OR	×*	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OTOTALING								OR	+=	
							썙 EE		OR _A	TOTAL DOIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA		addi- Ional Fee		RATE	addi- tional fee
	Total proratifica	. 64	Minus	•• 41	-23	1 3	_	St.O)	OR OR	: S	
	Independent grown 1,403	• 4	Minus	™ 3	- /	×	/	13.00	OR	×=	
		IENTATION OF M	ULTIPLE DE		p7 CHL1.16(4)] -			OR	+=	
52505 (Column I) (Column I) (Column I)							TAL FEB	250.ud	R	DOTAL DOTT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA		addi- Tonal Fee		RATE	ADDI- TIONAL FEE
	Total	• 47	Minus	. 64	•	× 5_	1		OR	x \$=	
	Independent pressure)	• 3	Minut	••• 4	- /				OR OR	×	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLADA (HORLING)] • _			OR	·	
	of the entry in column I is less than the entry in column 2, write "0" in column 1.								OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ADDIT. FEE "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 70, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Trughest trumber receptuary Paid For (Total or Independent) is the highest sumber found in the appropriate box in column 1.

Burled Heat Statement: That form is estimated to take 0.2 howest to complete. Thus will very depending upon the needs of he individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief information Offices, U.S. Putent and Trademark
Palents, Washington, DC 20231. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for